

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10762439

FILING DATE

01-22-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	4					
6	1					
7	4					
8	1					
9	4					
10	6					
11	24					
12	4					
13	4					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
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TOTAL IND.	5			
TOTAL DEP.	39	←	←	←
TOTAL CLAIMS	44	█	█	█

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		←	←	←
TOTAL DEP.		←	←	←
TOTAL CLAIMS		█	█	█